

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

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Public Health
Prevent. Promote. Protect.

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Date: _____

New ☐

Remodel ☐

Conversion ☐

Type of Food Operation: Restaurant ☐ Retail Market ☐ Institution ☐ Daycare ☐

Residential Kitchen ☐ Other (Specify) ☐ _____

Name of Establishment: _____

Establishment Address: _____

Phone #: _____

Name of Owner: _____

Owner's Mailing Address: _____

Owner's Phone #: _____ email: _____

Applicant's Name: _____

Title: Owner ☐ Manager ☐ Contractor ☐ Architect ☐ Other ☐

Applicant's Mailing Address: _____

Applicant's Phone #: _____ email: _____

Hours of Operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____

Fri _____ Sat _____

Number of Seats (Authorized by Common Victualer): _____

Area of Facility (ft²): _____ Number of Floors: _____

Maximum # of Meals to be served (approximate): _____

Breakfast: _____ Lunch: _____ Dinner: _____

Type of Service: Sit Down ☐ Take Out ☐ Caterer ☐

Email: dzaleznik@newtonma.gov

Projected Start Date of Project: _____

Projected Date of Completion of Project: _____

Type of Service (Check all that apply):

Sit Down Meals ☐ Take Out ☐ Caterer ☐

Single Use Utensils ☐ Multi-Use Utensils ☐

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS

☐ Proposed Menu or complete list of food and beverages to be offered (Including seasonal, off site and banquet menus)

☐ Plan of food establishment drawn to scale showing location of equipment, plumbing, electrical and mechanical services

☐ Equipment schedule including location, plumbing, drain and electrical connections

☐ Manufacturer specification sheets for each piece of equipment to be used in the establishment

☐ Site plan showing location of food establishment location of building on site including alleys, streets and location of any outside equipment or facilities (dumpsters, well, septic system if applicable)

FOR OFFICIAL USE ONLY

Date Submitted: _____

Fee Received: _____

Check #: _____ Cash: _____

Person receiving fee: _____

Copy to Applicant ☐

Risk Level: 1 ☐ 2 ☐ 3 ☐ 4A ☐ 4B ☐ 5 ☐

FOOD SUPPLY

Food Sources: _____

How often will refrigerated foods be delivered? _____

How often will frozen foods be delivered? _____

How often will dry goods be delivered? _____

Provide the amount of space (cubic feet) allocated for:

Refrigerator Storage: _____

Freezer Storage: _____

Dry Storage: _____

Identify the location and containers that will be used to store bulk food products (rice, sugar etc) _____

List all foods that will cooked and cooled: _____

List all foods that will be cooked, cooled and reheated: _____

List all foods that will be hot held prior to service: _____

Hot holding for service of PHF foods (maintained at 140°F or above): Indicate

Type of unit(s): _____ Number of unit(s): _____ Location: _____

Cold holding for service of PHF foods (maintained at 41°F and below): Indicate

Type of unit(s): _____ Number of unit(s): _____ Location: _____

Will Special Processing Methods of foods such as Reduced Oxygen Packaging, Use of Additives to Render a Food Non-PHF, Curing and Smoking for Preservation, Cook-Chill, Sous Vide, Live Molluscan Shellfish Tank, Sprouted Seeds, Fermenting be used?

YES ☐ NO ☐ If yes please explain: _____

Will a HACCP Plan be submitted? YES ☐ NO ☐

Will a request for a Variance be requested? YES ☐ NO ☐

Explain the Handling / Preparation Procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc)
- Where the food will be stored
- Where the food will be washed, cut, marinated, breaded, cooked etc. (prep table, sink, counter etc.)
- When food will be handled / prepared (time of day and frequency / day)

Ready to Eat Foods (e.g. salads, cold sandwiches, raw molluscan shellfish): _____

Produce: _____

Poultry: _____

Meat: _____

Seafood: _____

PEST CONTROL

YES NO NA

Will all outside doors be self-closing and rodent proof? ☐☐☐Will screens be provided on all entrances left open to the outside? ☐☐☐Will all openable windows have mesh screening (minimum #16 mesh)? ☐☐☐Will air curtains be used? ☐☐☐

If so where? _____

WATER SUPPLY

What is the capacity and location of the water heater? _____

Will an ice machine be installed? YES ☐ NO ☐

If so where? _____

WARE & DISHWASHINGWill the largest pot & pan fit into each compartment of the 3-compartment sink? YES ☐ NO ☐

Describe the location & type of device used for air drying clean equipment: _____

What type of sanitizer (s) will be used for: Food Contact Surfaces _____

Dish machine _____ Glass machine _____

Will dressing rooms/ lockers be provided? YES ☐ NO ☐ If no, where will Employees store personal items? _____

Identify the location for the storage of poisonous or toxic materials: _____

Identify how grease will be disposed: _____

Identify the location of grease storage containers: _____

FINISH SCHEDULE: Indicate which materials (Quarry Tile, Stainless Steel, Fiberglass Reinforced Panels (FRP), Ceramic Tile, 4" Plastic Coved Molding, etc.) will be used in the following areas.

AREA	FLOOR	FLOOR / WALL JUNCTURE	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Room				
Dressing Room				
Garbage & Refuse Storage				
Mop Service Sink				
Ware washing Area				
Walk-in Refrigerators & Freezers				
Other				

REFUSE

Will refuse / garbage be stored inside? YES ☐ NO ☐ If so, where? _____

Identify how and where garbage cans and floor mats will be cleaned: _____

Will a dumpster be used? YES ☐ NO ☐ Number: _____ Size: _____

Frequency of pickup: _____

Will garbage cans be stored outside? YES ☐ NO ☐

Describe the surface and location where dumpster/garbage cans will be stored outside the establishment: _____

STATEMENT: I, _____ hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Newton Health and Human Services Department may nullify final approval.

Signature: _____ Title: _____

Print Name: _____ Date: _____

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required – Federal, State or Local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Local and State Laws governing Food Service Establishments.